

Apr 26, 2007 12:50PM LUNDY & SHACIER PA

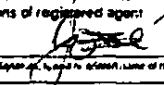
FILED
Jun 07, 2007 8:00 am
Secretary of State

05-14-2007 90076 025 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1

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DOCUMENT # P04000013947					
1. Entity Name OMEGA AIR CONDITIONING & REFRIGERATION INC					
Principal Place of Business 2400 NW 94TH WAY SUNRISE, FL 33322			Mailing Address 2400 NW 94TH WAY SUNRISE, FL 33322		
2. Principal Place of Business - No P.O. Box			3. Mailing Address		
Subs. Apt. #, etc.			Subs. Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0484321	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent PADILLA, JOSE L 2400 NW 94TH WAY SUNRISE, FL 33322				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
6. (The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.)					
SIGNATURE:  DATE: _____					
FILE NOW!! FEE IS \$450.00 After May 1, 2007 Fee will be \$650.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PADILLA, JOSE L		NAME		
STREET ADDRESS	2400 NW 94TH WAY		STREET ADDRESS		
CITY, ST, ZIP	SUNRISE, FL 33322		CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME			NAME	PADILLA, ANN	
STREET ADDRESS			STREET ADDRESS	2400 NW 94TH WAY	
CITY, ST, ZIP			CITY, ST, ZIP	SUNRISE, FL 33322	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the same legal effect.					
SIGNATURE: 			6/2/07		
Signature and Types on Printed Name of Signing Officer or Director			Date		